MULTIPLE DEPENDENT CLAIM FEE CALCYTA ATION SHEET (FOR USE) 4 FORM PTO 2022

SERIAL NO.	
OCKIAL NO.	FILING DATE
MILSON.	1
10/5/2871	
APPLICANTO	
APPLICANT(S,	

ļ			(FOR	US	E/	, . Ĥ	FOR	M F	8-OT	75)				ĀĪ
<u> </u>				_		A To	TED	_				C	LA)	IMS
	A	AS FILED			AFTER 1*AMENDMENT			AFTER 1 MAMENDMENT			,		j	
	IN	D.	DE	P.	IN	D.	DE	P.	IND		DE	_		
$\frac{1}{2}$		\dashv		_	1	_								
3			-				-	-		\dashv		-1		
4			Z							1		\dashv		-
5			1	-		<u>.</u>	4	4		\Box				
7			D	2		ᅱ	/	4		╁		-		-
<u>8</u> 9	- -	\dashv	7	4			_ <u></u>	コ		1		1		
10		\dashv	/	┪		\dashv	/	4		+		4	•	
11		\Box	_	二	<u> </u>		1	1		╁		-		-
12 13	-	\dashv	4	4		4	1	1]		
14				+		┪		╂		╁		-		<u> </u>
15		\perp				\Box		1		1		1		
16 17	╅	+		╁		+		4		\bot		7		
18				士		士		+		+		-		
1 <u>9</u>		+				4		1]		
21		土		\pm		+		╂	·	╁		4		
22				\mathbf{I}		1		1				1		
24	 	╁		╁		┿		╂		╀		-		7
25		1		1		土		1		\perp		1		7
26 27	┪	+		+		+		-		\bot]		1 7
28	<u> </u>	上		1		\pm		╁	·· ··	╁╴		1		7
29 30	 	-		-		Ŧ						1		7
31				╁		╁		╂╌		╀┈		ł		
32 33		1				I						1		8
34	┪	╁	·.	╂╌		╂┈		╀		-		1		8: 8:
35						上				\vdash		1		8
36 37	 	+-		╂-		+		-	-				-	80
38				1		╁		┢		-		ł		81
39. 40	 	+-		\perp		L						i		89
41	<u> </u>	+-		╂┈		╁		-		\vdash				90 91
42		I				L				_				92
43 44		╬		-		╀		_				ŀ		93
45								_					j	94 95
46 47	 	-												96
48		 -		-		-								97 98
49														99
50_	2	-	_	<u>-</u>		_			\Box					100
TAL IND.	4]		6	<u>کی</u>	'	₹			4				TOTAL
TAL DEP.	13	4		/	<u>ソ</u>	4				4				TOTALE
TOTAL LAIMS	15			10	\approx									TOTAL

PTO - 1360 TREV. 11/04)

		AS F	ILED	AF 1"AME	TER	AFTER			
		IND.	DEP.		DEP.	IND.			
51						120	- DIST		
<u>52</u> 53									
54									
55									
56									
<u> 57</u> 58	\dashv								
59	\dashv								
60									
61					· .				
62	-		<u> </u>						
64	1								
65									
66	4								
67 68	-								
69	十								
70	1								
71	- -								
72 73	╂								
74	T								
75	I								
76 77	4-								
78	╁				<u></u>		,		
79									
80	_								
81 82	╂								
83	1								
84	I								
85	4-					-			
86 87	╁╌								
88	1								
89									
90 91	-								
92	╁╌								
93									
94	L								
95 96							\Box		
97	 								
98							-		
99	_	$-\Box$							
100	 -		_						
TOTAL IND.	_		₽ _		♥		₽		
TOTAL DEP.				-					
TOTAL CLAIMS									
		U.S.	DEPARTME	AL CONON	ERCE				
		• .		· -			•		

BEST AVAILABLE COPY